



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400005**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BREWSTER INN INC.**

DOING BUSINESS AS **WOODSHED**

ADDRESS: **1993 MAIN ST.**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **FORD, ROBERT J.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**KITCHEN AND DINING AREA;FIVE FIRST FLOOR ROOMS WITH FOUR ENT/EXITS.
LOUNGE AREA,2 FIRST FLOOR ROOMS WITH 3 ENT/EXITS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

042-53-6275

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400006**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CLIFFORD W. AND RUTH V. MANCHESTER**

DOING BUSINESS AS **THE BRAMBLE INN GALLERY & CAFE**

ADDRESS: **2019 MAIN ST.**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **MANCHESTER,CLI** TYPE OF LICENSE: **Innholder**
FFORD

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, 4 SEATING ROOMS AND KITCHEN AREA. FULL CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

042-85-9321

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400009**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CHILLINGSWORTH INC.**

DOING BUSINESS AS **CHILLINGWORTH**

ADDRESS: **2449 MAIN ST.**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **RABIN, ROBERT P.** TYPE OF LICENSE: **Innholder**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

2 STORY FRAMED BUILDING WITH 7 ROOMS ON FIRST FLOOR; SEVEN ENT/EXITS. 6 ROOMS ON SECOND FLOOR AND A CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

042-58-0660

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400010**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **OLD SEA PINES INN CORP.**

DOING BUSINESS AS **OLD SEA PINES INN**

ADDRESS: **2553 MAIN ST.**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **ROWAN,
STEPHEN B.**

TYPE OF LICENSE: **Innholder**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR WITH 6 EXITS, TWO DINING RMS. TWO OFFICES, LIVING RM TWO OUTSIDE PORCHES, GARDEN AND LAWN, SIDE DECK LOBBY, FRONT HALL, 4 BACK EXITS, 13 GUEST RMS ON SECOND AND THIRD FLOORS, 10 ROOMS IN OUTBUILDING, FULL CELLAR WITH TWO EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

043-37-1539

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400011**

APPLICATION FOR RENEWAL: **Annual** LICENSED FOR **2013**
CLASS YEAR

LICENSEE NAME: **OCEAN EDGE RESORT LIMITED PARTNERSHIP**

DOING BUSINESS AS **OCEAN EDGE INN & CONFERENCE CENTER**

ADDRESS: **2907 MAIN ST.RTE.6A**

CITY/TOWN **BREWSTER** STATE: **MA** ZIP CODE: **02631**

MANAGER: **Burek, Matthew** TYPE OF LICENSE: **Restaurant** CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**MANSION,CARRIAGE HOUSE,GUEST WINGS, BEACH AND ADJACENT AREA, POOL AREA
AND TENNIS COURTS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

043-39-5913

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400013**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BROWN DOG INVESTMENTS, INC.**

DOING BUSINESS AS **LAURINO'S CAPE COD VILLAGE , INC.**

ADDRESS: **3668 MAIN ST.**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **DROWN, DONNA** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

FRAMED 1 1/2 STORY BLDG. FOUR ROOMS ON FIRST FLOOR WITH ONE ENTRANCE, ONE EXIT , ATTACHED PATIO AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

043-33-9323

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400015**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BREWSTER POST #9917 VFW OF THE U.S., INC.**

DOING BUSINESS AS

ADDRESS: **989 FREEMAN'S WAY**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **LAI, DAVID K.**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**UNDERGROUND CONCRETE BUILDING CONSISTING OF THREE MEETING
ROOMS, KITCHEN, OFFICE/ STORAGE, TWO EXITS/ ENTRANCES AND AJOUING PICNIC
AREA.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

046-12-6816

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400017**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CHECKERBERRY INC**

DOING BUSINESS AS **MILLSTONE LIQUORS**

ADDRESS: **1183 LONG POND ROAD**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **BUTLER,
WALTER H.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING WITH ONE ENTRANCE AND EXIT WITH CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

042-90-5905

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400018**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **LUKES OF BREWSTER INC**

DOING BUSINESS AS **LUKES SUPER LIQUORS**

ADDRESS: **15 LOWER ROAD**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **BABINEAU,
ROLAND L.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**6450 SQ FT . 1ST FLR WITH 2000 SQ FT,BASEMENT, CUSTOMER ENTRANCE,BULKHEAD,
OVERHEAD DOOR AND REGULAR DOOR. INTERIOR STAIRWELL TO BASEMENT**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

042-66-2743

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400019**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **KSKB, INC.**

DOING BUSINESS AS **BREWSTER VILLAGE MARKETPLACE**

ADDRESS: **1760 MAIN STREET**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **DALY, KELLY E.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG;THREE ENTRANCES AND EXITS. STOCK CELLAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

200-00-2257

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400020**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **NASIR J. SAD**

DOING BUSINESS AS **BREWSTER FARMS**

ADDRESS: **2771 MAIN STREET**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **SAD, NASIR J.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG,FIRST FLOOR,UTILITY ROOM,GARAGE, SECOND FLOOR WITH SIX ROOM APARTMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

454-65-4114

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400021**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HINKLEY HAVEN INC**

DOING BUSINESS AS **WINSLOW SPIRITS & THINGS**

ADDRESS: **3643 MAIN ST.**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **WINSLOW,
RICHARD**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**WOOD FRAME BLDG WITH FRONT ENTRANCE AND REAR EXIT. ONE FLOOR,TWO ROOMS
CELLAR FOR STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

042-82-1578

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400022**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CAPE MEADOWS, INC.**

DOING BUSINESS AS **BREWSTER WINE CELLAR & SPIRITS**

ADDRESS: **2655 MAIN STREET**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **BARBER, ERIC**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

2000 SQ FT RETAIL SPACE IN ESTABLISHED SHOPPING PLAZA WITH NINE OTHER BUSINESSES, TWO ENTRANCES/EXITS IN THE FRONT, TWO ENTRANCES/EXITS IN THE REART

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

522-41-3847

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400029**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **OCEAN EDGE RESORT LIMITED PARTNERSHIP**

DOING BUSINESS AS **LINX TAVERN AND BAR**

ADDRESS: **832 VILLAGES DRIVE**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **DEMERS,
NORMAN**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**DINING RM,BAR,ATTACHED DECK/PATIO,TWO WAITING ROOMS, POOL AREA, SEVEN
EXITS/ ENTRANCES, FLETCHER POOL, 18 HOLE GOLF COURSE & DRIVING RANGE.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

035-38-5413

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400040**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **A. ROSE REALTY INC.**

DOING BUSINESS AS **FERRETTI'S MARKET**

ADDRESS: **501 UNDERPASS ROAD**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **01631**

MANAGER: **SYLVIA, GINA
FERRETTI**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

DESCRIPTION OF LICENSED PREMISES:

**4000 SQ FT. BLDG.WITH TWO ENT/EXITS IN FRONT, DELIVERY ENT/EXIT IN THE
REAR,SERVICE BAY,WINE/BEER COOLER WINE RACKS WITHIN BLDG,STORAGE IN REAR
STOCK ROOM**

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

043-54-4034

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400041**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **PEDDLER'S_CAFE & GRILL, INC.**

DOING BUSINESS AS **PEDDLER'S CAFE & GRILL**

ADDRESS: **67 THAD ELLIS ROAD**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **HASSAN,
ELIZABETH A.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**DINING AREA,HALLWAY, KITCHEN,BATHROOM,STORAGE AREA IN
BASEMENT,EXITS/ENTRANCES FROM DINING ROOM AND IN REAR ONTO HANDICAPPED
RAMP,**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

043-43-3496

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400044**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ELBERT BEVERAGE COMPANY, INC**

DOING BUSINESS AS **STARVIN MARLIN RESTAURANT**

ADDRESS: **2377 MAIN STREET**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **MARLIN, STEVEN** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

2400 SQ. FT. REST WITH BAR AREA CONTAINING TWELVE SEATS, MAIN DINING AREA WITH SIXTY SEATS, KITCHEN AREA, OUTSIDE PORCH WITH TWENTY SEATS, BASEMENT FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

LOCAL LICENSING AUTHORITY

DISAPPROVED: ☐

By:

(If disapproved explain)

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400045**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BREWSTER FISH HOUSE LLC**

DOING BUSINESS AS **BREWSTER FISH HOUSE**

ADDRESS: **2208 MAIN STREET**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **SMITH, VERNON**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY STRUCTURE, ONE MAIN DINING ROOM, KITCHEN AREA, FULL BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

300-00-8283

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400048**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **Ardeo Tuscan Tavern LLC**

DOING BUSINESS AS **Ardeo Tuscan tavern**

ADDRESS: **280 UNDERPASS ROAD**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **Morell Kathleen
Marie**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**80 SEAT FULL SERVICE RESTAURANT; INCLUDES OUTDOOR DECK; 8 SEAT
BAR; SEPARATE KITCHEN, FULL BASEMENT.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

260-14-5890

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400054**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **THE BACK NINE CAFÉ, LLC**

DOING BUSINESS AS **BACK NINE CAFÉ**

ADDRESS: **1000 FREEMAN'S WAY**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **FERNANDEZ,
ANTONELLA**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

REST FOR 94 GUESTS. ON MAIN DOOR LEADING TO BACK DECK AS WELL AS A DOOR LEADING TO PAVILION. TWO DECKS WITH DOORS INTO THE RESTAURANT AND PAVILION. 200 SEAT CAPACITY FOR PAAVILION WHICH HAS 3 DOORS, TWO 18 HOLE GOLF COURSES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

001-02-3712

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN **BREWSTER**

LICENSE NUMBER: **013400055**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CAPE COD FRESH, LLC**

DOING BUSINESS AS **CAPE COD FRESH**

ADDRESS: **2671 MAIN STREET**

CITY/TOWN **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **BROTHERS, GARY** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

THREE STORY TOWER ATTACHED TO ONE STORY ROOM (BOTH AREAS ARE FOR DINING) ONE AND ONE-HALF STORY KITCHEN WITH OFFICE, TWO HANDICAPPED BATHROOMS, ENCLOSED GARDEN, THRE ENTRANCES/EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

001-07-7516

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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